

# YEAR 6 LITTLE FISH SUMMER PROGRAMME

FROM 10AM - 4PM (MONDAY - FRIDAY)  
23<sup>RD</sup> JULY - 3<sup>RD</sup> AUGUST 2018  
RYE OAK PRIMARY, WHORLTON ROAD, SE15 3PD  
**COMPLETELY FREE!**



Are you in Year 6 and making the move up to secondary school?  
Would you like to boost your confidence improve your literacy and make  
new friends though drama, music, art, dance and other activities?



**BOOK A PLACE NOW:**

Email: [info@littlefishtheatre.co.uk](mailto:info@littlefishtheatre.co.uk)

Tel: 020 8269 1123

To download a registration form go to:

[www.littlefishtheatre.co.uk](http://www.littlefishtheatre.co.uk)





### Little Fish Summer Programme Registration Form

Your child has been invited on a **FREE** multi-arts summer programme funded by the Big Lottery and supported by Southwark Council. This project has been running in the borough for 15 years as a provision for Year 6's making the transition from primary to secondary school.

**23<sup>rd</sup> July – 3<sup>rd</sup> August 2017 (Monday – Friday) 10AM - 4PM**

**To secure a place, please fill in and return as soon as possible to avoid disappointment.**

Child's full name: ..... Date of birth: .....

Please select: Male  or Female

Parent/s full name .....

Parents email address (This will be used for the company to send confirmation of your child's place on the programme): .....

Home address: .....

..... Postcode:.....

Telephone Home:..... Telephone Work:.....

Mobile/s:.....

#### Alternative emergency contact:

Name: ..... Telephone/Mobile number: .....

Child's current primary school: .....

Name of secondary school is your child attending in September: .....

**I give permission for my child to attend the Little Fish Summer programme, from**

**23<sup>rd</sup> July – 3<sup>rd</sup> August 2017 (Monday – Friday) 10AM - 4PM**

**Taking Place at: Rye Oak Primary School, Whorlton Road, London SE15 3PD**

Please select: YES  or NO

**I will be responsible for organizing my child’s travel arrangements to enable them to attend the full 10 days - Please select: YES  or NO**

IF KNOWN, PLEASE STATE HOW YOUR CHILD WILL TRAVEL TO AND FROM THE PROJECT

.....

**I am aware that I and other family members and friends are invited to a showing of my child’s work which will take place on Fri 3<sup>rd</sup> August from 5.30 – 7.30pm at Rye Oak Primary School**

Please select: YES  or NO

**I agree to provide a healthy packed lunch including drinks for my child on each day of the summer programme (including the trip). Children will not be permitted off site between 10am and 4pm.**

Please select: YES  or NO

**Does your child have any of the following health problems? (Select all that apply)**

- None
- Physical health problem
- Mental health problem
- Learning disability

If you have ticked any of the above, please explain in detail .....

.....

.....

.....

**Has your child got any Special Needs?**

Please select: YES  or NO

**If yes,** please state (including Statement of Special Needs or any specific issues such as Autism, Emotional Behaviour Difficulties, and Hearing Impairment). This information is for the purpose of staff supporting your child and will not affect them being accepted on the programme:

.....

.....

.....

.....

**We need your permission to take photos and video films of the children whilst they are taking part in the Summer Programme. A filmmaker will distribute copies of a final edited video which will be received by all the young people. We will use this media material for marketing purposes on our web-site and social media channels in line with our privacy policy (a copy is available on request).**

I give my permission for the use of video and photographic images of my child to be used by Little Fish Theatre

Please select: YES  or NO

If there is any reason that your child cannot be photographed/videoed, please let Suha Al-Khayyat our data protection officer know in advance of the project starting.

**Ethnicity (to provide a break down to our funders)**

**White**

- British  Irish
- Any other white background (please specify): .....

**Mixed**

- White and Black Caribbean  White and Black African  White and Asian
- Any other mixed background (please specify) .....

**Asian or Asian British**

- Indian  Pakistani  Bangladeshi
- Any other Asian background (please describe): .....

**Black or Black British**

- Caribbean  African
- Any other black background (please specify): .....

**Chinese or Other Ethnic group**

- Chinese
- Any other ethnic background (please specify): .....

**MEDICAL INFORMATION ABOUT YOUR CHILD**

a) Does your child have any condition requiring medical treatment, including medication?

Please select: YES  or NO

If Yes, please give brief details:

.....  
b) Is your son/daughter allergic to any medication? Please select: YES  or NO

If Yes, please specify:

c) When did your son/daughter last have a tetanus injection?

.....

Please outline any food allergies your child has:

.....

Your child is required to bring their own healthy packed lunch on a daily basis. Little Fish Theatre will not be responsible for providing food. There will be no access to food onsite and children are not permitted to leave the venue to buy food during the hours of program delivery:

**Are there any activities you are aware your child cannot or will not take part in? If yes, please tell us what these are and why?**

.....

**Is there anything else you'd like to tell us?**

.....

.....

**Declaration**

In case of an emergency, Little Fish will endeavour to contact me and will also call emergency medical services/medical authorities.

Signed: .....

Relationship to child: .....

Name (print): .....

Date: .....

I give my consent for my son/daughter to participate in the activities of the Little Fish Summer Programme and for Little Fish to record these details. Anonymous details will also be shared with our funder, The Big Lottery Fund and our evaluators, but will not be used for marketing any other purposes.

Signed: .....

Date: .....

**Please keep the flyer for reference and post the completed registration to:  
Suha Al-Khayyat, Little Fish Theatre, The Forum@Greenwich, Trafalgar Road  
Greenwich, London, SE10 9EQ.**

**Or email it to:  
[suha@littlefishtheatre.co.uk](mailto:suha@littlefishtheatre.co.uk)**

**In line with our privacy policy (a copy is available on request), this registration form will be kept at our funders request for up to seven years from the end of the project.**

**YOU WILL BE CONTACTED BY EMAIL AND/OR PHONE TO CONFIRM YOUR CHILD'S FREE PLACE. PLEASE CALL 020 8269 1123 AND SPEAK TO SUHA IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT YOUR CHILD.**